

# SIGNATURE APPLICATION FORM

Before you give us your personal information please note that Irish Life has a Data Privacy Notice. This explains what your data protection rights are and how and why we use your personal information. This is always available on our website at <a href="www.irishlife.ie">www.irishlife.ie</a> or you can ask us for a copy.

PLEASE READ THE QUESTIONS CAREFULLY BEFORE ANSWERING THEM AND USE BLOCK CAPITALS. If any item is blank or illegible, this will cause a delay in processing your application.



<b>Financial Advise</b>	r Details	
Financial Adviser Name		
Financial Adviser Details		
Financial Adviser Code		
Profile		
Product Selectio	n	
Please tick which product you	require:	
Signature Bond	Or Signature Bond 2	
Adviser and not checked by	this form. The original application form will be retained by your y Irish Life.  Details (as applicable)	Financial Broker of
1(a). Personal Plan Owner		
Title (Mr/Mrs/Ms etc)		
First Name		Initial
Last Name		
Date of Birth	Age Next Birthday	
Gender	Male Female	
Country of Birth		
> Nationality		
Precise Occupation		
> PPS Number	-	
Address 1*		
Address 2		
Address 3		
County		
Home Number		
Mobile Number		
> Email Address		

\*If you choose to receive plan communications by paper post, the address of the 1st plan owner will be used for this purpose.

ILA 10383 (REV 11-18)

Please note that mobile number AND email address MUST be provided if you wish to receive online

communications.

We are obliged to establish your Nationality to comply with Anti Money Laundering requirements

PPS number should contain 7 digits and 1 or 2 letters

	1(b). Personal Plan Owner 2																								
	Title (Mr/Mrs/Ms etc)																								
	First Name																						Ini	tial	
	Last Name						Ì	Ì			Ì	Ì	Ì	Ì		Ť	Ì	T	Ì	Ī					
	Date of Birth		/			/	Ť	Ť	T	1		٩ge	Ne	xt E	3irth	nda	y		Ť						
	Gender	Male	e (			F	ema	ale (				Ü					,								
We are obliged to establish your Nationality to	Country of Birth			Ī					Ť																
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Laundering requirements	Precise Occupation											$\overline{}$		+		T	1	T		T		Τ		T	
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7 digits and 1 or 2 letters	Address 1	H					$^+$												T	Τ		T		T	
	Address 2		+				$^+$	$^+$			$\overline{}$		$\frac{\perp}{\parallel}$	$^+$	$\frac{\perp}{\parallel}$	+	$^+$		$\frac{\perp}{\parallel}$	H	+	+		$\vdash$	
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wish to receive online communications.	Email Address																								
	1(c). Controlling Interest - Pe	ersoi	nal P	lan	ı Ov	vner																			
	Are you taking out this plan on your firms of the following of the followi			eha	alf?																Ye	es	) <b>r</b>	No (	
	Name of other party		J.				T							T				Τ	Т	Τ		Т		T	
	Relationship or connection to you						<u> </u>	+				$\pm$	<u> </u>	<u> </u>	+	+	+	T	<u>+</u>	T		T	<u> </u>	$\frac{1}{1}$	
Please also answer relevant	> 1(d). Irish Life Trust																								
Foreign Tax Residency		sh Lif	fe?																		Υє	es	) <b>N</b>	No (	
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	Names of Shareholders with	า 25% ๐เ	r mo	re s	harel	nold	ling	(if	any	')																
	Is the company resident for ta	ax purpo	ses i	n th	ie U.S	5.?															Ye	es (	$\bigcirc$		No	
																							—	_	_	
Please also answer relevant	> 1(f). Other Plan Owner	Туре (	Trus	t/C	harit	ty e	tc)																			
Foreign Tax Residency questions in Section 3.	Type of Owner																									
	Plan Owner Name																								$\Box$	
	Tax Number							-																		
	Address 1																							$\Box$	$\perp$	
	Address 2																								$\perp$	
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	Trustee/Authorised Signator	y Name	s:													Ī	Ť	Ť	İ			Ì		T	Ť	
	2. Life Assure  2(a). Life Assured 1  Title (Mr/Mrs/Ms etc)						6111				•	•••	•		•••					• /						
	First Name																				7			ŀ	nitia	al 🗍
	Last Name					<del> </del>									<u> </u>						]					
	Date of Birth			/		/		Π				Ag	e N	lex	⊥ d B	irth	nda	v			]					
	Gender	Λ.	\_ \ale		)		Fer	⊥_ mal	le (			· .c	, .					,								
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						<u> </u>		 	 																	
	County																									
	2(b). Life Assured 2																									
	Title (Mr/Mrs/Ms etc)																									
	First Name																				1			1	nitia	al 🗌
	Last Name					+									<u> </u>						]				11010	
	Date of Birth			/		/						Ag	- N	lov	+ R	irth	, da	.,			]					
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	Address 3					<u> </u>																	Ш			
	County																									

## 3. Foreign Tax Residency For Individual Plan Owners, Trustees, Beneficiaries, Appointors or Settlors Are you resident in the U.S. for tax purposes or are you a U.S. citizen? Are any of the plan owners, trustees or beneficiaries resident for tax purposes anywhere other than the Republic of Ireland or the U.S.? If yes to either of above question then please provide details in section 3(a) For Entities or Trusts (where sections 1(d), 1(e) or 1(f) have been completed) What type of company is this? If Yes please provide GIIN 1) Financial Institution (including a professionally managed trust) Number in section 3(a) 2) Registered Irish Pension Fund If Yes please provide 3) Registered Irish Charity If you have answered Yes to any of above then please complete section 3(a) 4) Actively Trading Company - Non financial institution 5) Non Trading Investment Body If you have answered Yes to either of above then please complete the relevant Tax Status Declaration Form

### 3(a). Foreign Tax Resident Details (if applicable)

Please list the person's details and the country or countries in which they are resident for tax purposes, together with any tax identification numbers ('TIN') if relevant.

	Name	Plan Relationship	Country of Birth	Country of Tax Residency /Incorporation	Tax Identification Number \ GIIN \ Charity Tax Number
>					

For an entity, insert company name and details.

Revenue Charity Tax Exemption number in

section 3(a)

Insert country of incorporation of the entity in brackets where different from country of tax residency.

Please complete a Foreign Tax Residency Supplementary form for any additional tax residencies.

> Financial Institutions in Ireland are required under legislation to seek answers to questions or purposes of identifying accounts, the details of which are reportable to Irish Revenue for onward transmission to tax authorities in other jurisdictions.

The legislation incorporates the U.S. Foreign Account Tax Compliance Act (FATCA) and the organisation for Economic Cooperation and Development (OECD) Common Reporting Standard (CRS).

Please note that we reserve the right to request additional information or documentary evidence to support your declaration

Any acceptance and investment of your premium may be delayed should we have reason to doubt any of the information provided above.

Should any information provided change in the future, please ensure you advise us of the changes promptly.

If you require further information on the Common Reporting Standard please refer to the AEOI (Automatic Exchange of Information) webpage on Revenue.ie

if you want an automatic withdrawal

We can only pay regular withdrawals into your personal bank account

If Yes, please complete the Politically Exposed Person (PEP) or Relative or Close Associate (RCA) Supplementary Form An explanation of these terms is provided in Supplementary Form

Bank drafts may not be drawn from a 3rd party account or from cash

# Only fill in the following >4. Automatic Regular Withdrawal

You can take a regular withdrawal every month, three months, six months or 12 months. You may take a gross withdrawal (before tax) of between 4% and 8% each year. There is a maximum of 4% withdrawal each year before tax on the UK Property Funds and Irish Property Funds. If the fund grows, on average, at a lower rate, it may reduce your original investment. The

smallest amount of withdrawal yo	u can take is e 150 e	every payment.
Amount	€	each year or
	%	each year
Withdrawal paid every	Months	
Please say which bank or building withdrawal, as it becomes due, to		us to pay the withdrawal to. I give you permission to pay each instalment of a rouilding society.
Customer (Debtor) Name		
Customer (Debtor) Bank Identifie	r Code (BIC)	
IBAN		
(RCA) of a PEP	s, Trustees, Settlors	n (PEP) or Relative or Close Associate  Appointers or in the case of a Company Owner, ast 12 months), a PEP or RCA?
6. Source of Fund Personal cheque from proposer(s) Please give details of account dedraft is drawn)	bank account	3rd Party Cheque Bank Draft draft, fill in details of your personal bank account from which the
Customer (Debtor) Name		
Customer (Debtor) Bank Identifie	r Code (BIC)	
IBAN		
Or		
Proceeds of an existing Irish Life of	r Progressive Life o	or Canada Life Plan
Existing plan number		
<ol> <li>Source of Weal</li> <li>Please tick the relevant box(es) ar</li> <li>Salary, bonus or regular saving</li> <li>Early retirement or redundance</li> <li>Proceeds from the sale of inve</li> <li>Proceeds from the maturity/e</li> <li>Proceeds from the maturity/e</li> <li>Inheritance</li> <li>Windfall/compensation paym</li> <li>Other (give details)</li> </ol>	nd indicate the sour gs by payment estments or other as ncashment of Irish I ncashment of a plan	ssets

	6. Fulld Details										
The current government levy on life assurance	> Amount to invest	€									
products is 1%. We will pay this out of the money	Funds										
received from you	Multi Asset Portfolio Fund 2	%									
	Multi Asset Portfolio Fund 3	%									
	Multi Asset Portfolio Fund 4	%									
	Multi Asset Portfolio Fund 5	%									
	Multi Asset Portfolio Fund 6	%									
	Strategic Asset Return Fund	%									
If other funds please give	Other Funds	%									
details The risk level and		%									
volatility rating of a fund can change from time		%									
to time. Please visit our website <b>www.irishlife.ie</b>											
to see the most up-to-date fund information.		%									
		%									
		%									
	9. Fund Switch Authority										
	If your plan is jointly owned, please tick this box to allow either owner the authority to switch funds										
	Please refer to relevant Fund Guide for the full range of funds available on this plan.										
	10. Your Plan Communications										
	How would you like to receive your planned communications from us? (Welcome packs, letters and regular statements) Please tick one option:										
	Online By p										
	Your plan communication will be securely stored in	•									
	You will be notified by text and email when communumder section 1).	You will be notified by text and email when communications are added to your account (using the contact details provided under section 1).									
	If you do not choose an option we will assume you was first Plan Owner's address.	want to receive com	munications by paper post which will be sent to the								



# SAVINGS AND INVESTMENT PLANS **DECLARATIONS**

	Proposal Number:													
We need this information to match the declaration	Customer Review Number													
section to your electronic application	Plan Owner 1													
	Plan Owner 2													
	Financial Adviser Name													
<b></b>	If you submit this proposal electronically you should only send us this section.  Any words in the singular also mean the plural as applicable (e.g. "I" means "we" and "my" means "our" etc.)  A. Declaration under regulation 6(3) of the Life Assurance	_												
000185	(Provision of Information) Regulations 2001													
	If you propose to take out this plan in complete or partial replacement of an existing plan, please take special care to satisfy yourself that this plan meets your needs. In particular, please make sure you are aware of the financial consequences of replacing your existing plan. If you are in doubt about this, please contact your insurer or insurance adviser.													
	Please complete this section by ticking the appropriate box:													
This includes: Canada Life Progressive Life	> Yes, this plan is replacing an Irish Life plan  Yes, this plan is replacing a plan from another life company													
	No, this plan is not replacing another plan													
	Existing Plan Number													
	Declaration of Insurer / Financial Adviser:  I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001													
	(Customer name and address)													
	has been provided with the information specified in Schedule 1 (Customer Information Notice) to those Regulations and that I have advised the customer as to the financial consequences of replacing an existing plan with this plan by cancellation or reduction, and of possible financial loss as a result of such replacement.													
Please sign and date	> Signature of Financial Adviser X Date													
	<b>Declaration of Customer:</b> I confirm that I have received in writing the information specified in the above declaration.													
SIGN HERE Please note that if you are signing	> Plan Owner 1 X Date / / / /													
on behalf of a company you should precede your signature with "for and on behalf of	Plan Owner 2 X Date / / / /													
'company name'"														

### **B. Plan Declaration**

I acknowledge and understand that my investment will not begin until Irish Life Assurance plc has received and accepted a fully completed application form (online or otherwise), any other documentation or information requested and the first plan payment. Where I have completed my application online, I acknowledge that a copy of my application will be sent to me and agree to notify Irish Life, in writing, if:

- I do not receive the printed record
- Any information in this record is, false, incorrect or incomplete

I understand that this declaration together with the other declarations I have given in this application is my application and will form the basis of any contract accepted by Irish Life Assurance plc. I understand and agree that my contract with Irish Life Assurance plc will be based on:

- · The declarations in this application
- All personal details given by me, and which will be recorded on my Plan Schedule
- The plan terms and conditions
- Payment of the agreed premium(s)

If I have answered 'no' to the FATCA questions in this application then by signing this form I confirm that there are no US citizens or residents in the US for tax purposes connected with this plan.

I certify that I have provided details of all of the countries in which I or other persons identified are resident for tax purposes along with the relevant Tax Identification Numbers. I acknowledge that the information contained in this form and other information that I may be required to submit to Irish Life may be provided to Revenue and that Revenue may exchange this information with the Tax Authorities in other countries in which I or other persons identified may be tax resident in.

I undertake to advise Irish Life of any change in circumstances that affect my tax residency or that of the other persons identified or causes the information herein to become incorrect and to provide Irish Life with a suitably updated self-certification and Declaration of such change of circumstances.

- I confirm I have received the plan booklet.
- I confirm that I received the relevant Key Information Document(s) in good time before I made my investment decision.
- I confirm I have been informed about the Irish Life Data Privacy Notice and where to get this.

SIGN HERE
Please note that if you
are signing on behalf of
a company you should
precede your signature
with "for and on behalf of
'company name'"

Plan Owner 1 Plan Owner 2	×	Date Date								
Life Assured Signature (if different to Plan Owners)										
Life Assured 1	X	Date								
Life Assured 2	X	Date	/ / /							

### C. Optional Consent

#### Consent to Sharing with Other Companies in the Irish Life Group

I agree to Irish Life Assurance sharing my personal information (excluding my personal health information) with other companies within the Irish Life Group, such as Irish Life Health. I understand this is to assist in developing combined customer services (for example, access to services from different Group companies on one online platform). This is an area that will continue to improve with a view to adding new customer engagement offerings.

You can change your mind at any time and opt-out of any further sharing by emailing <u>dataprotectionqueries@irishlife.ie</u> or writing to Irish Life Data Protection Team. If you opt-out we will keep a record of your instruction to opt-out.

Plan Owner 1	l agree	I don't agree
Plan Owner 2	l agree	I don't agree
If different to Plan Owner		
Life Assured 1	l agree	I don't agree
Life Assured 2	l agree	I don't agree

